

AUTO CR - LOG SUMMARY #1050159

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT SUBJECT MAURICE CARR APPROACHED THE OFFICERS WITH A COOKING POT AND IGNORED ALL OF THEIR COMMANDS TO DROP THE POT AND TO STEP AWAY FROM THE OFFICERS. IT IS REPORTED THAT CARR CONTINUED TO IGNORE VERBAL DIRECTION AND OFFICER PEKIC PERFORMED AN EMERGENCY TAKEDOWN AS HE CONTINUED TO SWING THE COOKING POT AT THE OFFICERS. CARR CONTINUED TO RESIST ARREST BY SWINGING HIS ARMS AND LEGS AND OFFICER BLOMSTRAND DISCHARGED HIS TASER AT THE SUBJECT'S BACK WHICH ALLOWED OFFICER PEKIC TO HANDCUFF HIM AND TO PLACE HIM IN CUSTODY. IT IS FURTHER REPORTED THAT SUBJECT [REDACTED] PUSHED OFFICER SPRENG IN THE CHEST DURING A DOMESTIC DISTURBANCE. SCOTT THEN ADVANCED TOWARD THE OFFICERS IN A THREATENING MANNER WITH CLENCHED FISTS. OFFICER SPRENG USED A CLOSED-HAND STRIKE ON SCOTT AND HE CONTINUED TO RESIST BY PULLING AWAY AND NOT FOLLOWING VERBAL COMMANDS. THE SUBJECT WAS THEN TASERED AND TAKEN INTO CUSTODY.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RUBIN, HARVEY R		[REDACTED]	025 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
20-NOV-2011 05:54 - 20-NOV-2011 05:54	[REDACTED]	2533	025	[REDACTED]	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	PEKIC, JOSEPH	20799	[REDACTED]	025 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	BLOMSTRAND, HARRY A		[REDACTED]	025 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	MOTYKA, JASON S	865	[REDACTED]	025 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	SPRENG, BRIAN J	5688	[REDACTED]	025 /	POLICE OFFICER	M	WHI		
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	
NON-CPD	Witness	[REDACTED]					F	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			

Civil Suit No.:

Notify Chief Administrator? N

Notify Coordinator?

Notification Other? N

Notification Comments:

Civil Suit Settled Date:

Notify Chief?

Notification Does Not Apply? Y

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-DEC-2011 11:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-DEC-2011 11:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	29-NOV-2011 07:41	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	29-NOV-2011 07:40	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 07:40	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 07:36	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 07:33	DEAN, BRUCE	SUPERVISING INV COPA	113 /	minor grammar
PENDING SUPERVISOR REVIEW	29-NOV-2011 05:03	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	22-NOV-2011 10:18	DEAN, BRUCE	SUPERVISING INV COPA	113 /	add Pekic & Willie Carr
PENDING SUPERVISOR REVIEW	22-NOV-2011 08:12	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	20-NOV-2011 08:39	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	20-NOV-2011 08:39			
10	DOCUMENTS - INTAKE INCIDENT		1			BROWN, DANITA	18-MAY-2012 03:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	22-NOV-2011 05:08	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	22-NOV-2011 05:11	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4		N	STEWART, DENISE	22-NOV-2011 08:12	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	STEWART, DENISE	20-NOV-2011 09:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	22-NOV-2011 05:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	22-NOV-2011 05:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	STEWART, DENISE	29-NOV-2011 04:58	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	22-NOV-2011 05:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	STEWART, DENISE	22-NOV-2011 05:03	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	STEWART, DENISE	22-NOV-2011 04:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	STEWART, DENISE	20-NOV-2011 09:27	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 20-NOV-2011) - LOG #1050159

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RUBIN, HARVEY R			025 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
20-NOV-2011 05:54 - 20-NOV-2011 05:54		2533	025		

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	20-NOV-2011 20:39	STEWART, DENISE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-DEC-2011 11:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-DEC-2011 11:26	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	29-NOV-2011 07:40	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 07:40	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 07:36	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 07:33	DEAN, BRUCE	SUPERVISING INV COPA	113 /	minor grammar
PENDING SUPERVISOR REVIEW	29-NOV-2011 05:03	STEWART, DENISE	INTAKE AIDE	113 /	

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PENDING SUPERVISOR REVIEW	22-NOV-2011 08:12	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	20-NOV-2011 08:39	STEWART, DENISE	INTAKE AIDE	113 /	

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

CASH DEPOSIT BAIL BOND: CRIMINAL OR QUASI-CRIMINAL (10% OF BAIL, \$25.00 MINIMUM DEPOSIT)

D

ORIGIN OF BOND

USING AGENCY NO. CPD

☒ Bail set by Rule of the Illinois Supreme Court OR

By

(PRINT NAME OF JUDGE)

(JUDGE'S NO.)

(OFFICE USE)

BAIL AMOUNT

\$ X, XX 1, 500 00
X X

DEPOSIT AMOUNT

\$ XX X, 150 00
X X

FIFTEEN HUNDRED

ONE HUNDRED FIFTY

00
100
00
100

DEFENDANT (Person Preparing Bond - Always complete this section)

Full Name

(PRINT)

Address

(PRINT)

City and State (PRINT)

STATEMENT OF DEFENDANT: I understand and accept the terms and conditions set forth below and on the reverse side of this bail bond. I understand in all cases, 10 % of any amount posted as bail is retained by the Clerk of Court, by law. Further, I hereby certify that I understand the consequences of failure to appear for trial as required.

ASSIGNMENT OF BAIL BOND BY THE DEFENDANT: I hereby authorize the return of the money posted above to the person shown on this bond as having provided money, been met, or as ordered.

Defendant's Signature

COURT COMPLAINT OR INDICTMENT NUMBER(S)

CHARGE

DISPOSITION

Br. or Sub. CT

Court Date

Month

Day

Year

COURT APPEARANCE: Defendant named above shall appear in the Circuit Court of Cook County, Illinois located at:

Address (Number and Street)

City/Town/Village

Branch No.

CONDITIONS OF BOND: The defendant is hereby released on the conditions as indicated below:

- ☒ Appear to answer the charge in court until discharge or final order of court.
- ☒ Obey all court orders and process; not leave this State without permission of court and report changes of address to the Clerk within 24 hours.
- ☒ Not commit any criminal offenses while awaiting final order in this case.
- ☒ If on appeal, prosecute the appeal, and surrender to custody if the judgment is affirmed or a new trial is ordered.
- ☐ Surrender (725 ILCS 5/110-10(a)(5)) OR not possess any firearms or dangerous weapons until final order in this case.
- ☐ Not contact or communicate with any complaining witnesses or members of their immediate families or:

- ☐ Not go to the area or premises of victims/complaining witnesses home, work, school or:

- ☐ Not to indulge in intoxicating liquors, illegal drugs or certain drugs, to-wit:

- ☐ Undergo alcoholism or drug addiction treatment as ordered by the court.

- ☐ Undergo medical or psychiatric treatment as ordered by the court.
- ☐ If you are charged with a criminal offense and the victim is a family or household member, you are ordered to refrain from all contact or communication with:

for a minimum of 72 hours following release, and further ordered to refrain from entering and/or remaining at the location of:

for a minimum of 72 hours following release.

- ☐ Reside with parents or in a foster home, attend school or nonresidential program for youths, contribute to his/her support at home or in a foster home, observe curfew set by court:
- ☐ Report to and remain under the pretrial supervision of such agency or third-party custodian as ordered by the court:
- ☐ Other conditions:

CONDITIONS - Continued on reverse side.

NOTICE TO PERSON PROVIDING BAIL MONEY OTHER THAN THE DEFENDANT

1. I understand that the money I have posted is for the bail for the defendant named on this bond in the above numbered case or cases.

2. I understand that even if the defendant follows all court orders, that this money may be ordered by the Judge to pay for the defendant's attorney fees, court costs, fines, fees and/or restitution to the victim, and that I may lose all or part of my money.

3. I understand that if the defendant fails to comply with the conditions reflected on this bond, I may lose all of my money should the court enter a forfeiture of bail order.

Provider's Name (print):

Relationship to Defendant:

Address:

City:

State:

Area Code/Telephone No.:

LOG # 1050/139



PROTECT LIFE

TASER Information

Serial # X00-570694
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 11/20/2011 - 11/20/2011
Computer Time Zone Central Standard Time
 *DST
Using Daylight Savings Time Yes

Downloaded By

Name Harvey Rubin
Dept CPD
Rank Lt
Windows Version Windows XP
Report Generated 11/20/11 20:07:50
 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/20/10 16:18:29	10/20/10 11:18:29	Old Time		
0003	10/20/10 16:18:30	10/20/10 11:18:30	New Time		
0004	10/15/11 09:38:39	10/15/11 04:38:39	Old Time		
0005	10/15/11 09:33:50	10/15/11 04:33:50	New Time		
0006	11/20/11 23:53:55	11/20/11 17:53:55	5	25	63

End of Report.

Log#1050159

11/20/2011

about:blank



PROTECT LIFE

TASER Information

Serial # X00-557854
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 11/20/2011 - 11/20/2011
Computer Time Zone Central Standard Time
 *DST
Using Daylight Savings Time Yes

Downloaded By

Name Harvey Rubin
Dept CPD
Rank Lt
Windows Version Windows XP
Report Generated 11/20/11 18:47:51
 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/26/10 14:18:57	10/26/10 09:18:57	Old Time		
0003	10/26/10 14:18:58	10/26/10 09:18:58	New Time		
0004	01/01/00 00:00:35	12/31/99 18:00:35	Old Time		
0005	08/03/11 16:11:14	08/03/11 11:11:14	New Time		
0006	11/21/11 00:01:32	11/20/11 18:01:32	5	15	77
0007	11/21/11 00:01:41	11/20/11 18:01:41	5	15	76

End of Report.

Log# 1050159

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11/20/2011

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

OFFENDER	Name:		Beat: 2533	Male	
	Res:			Black	
	DOB:			5' 08"	
	AGE: 25 years			150 lbs	
	POB: Illinois			Blue Eyes	
	DLN:			Black Hair	
	ARMED WITH Unarmed			Braids Hair Style	
				Medium Brown	
				Complexion	

INCIDENT	Arrest Date: 20 November 2011 17:54	TRR Completed? Yes	Total No Arrested: 3	Co-Arrests	Assoc Cases
	Location: 4836 W Concord Pl	Beat: 2533		18284105	
	Chicago, IL 60639		Dependent Children? No	18284121	
	290 - Residence			DCFS Ward ? No	
	Holding Facility: District 025 Male Lockup				
	Resisted Arrest? Yes				

CHARGES	1	Offense As Cited	720 ILCS 550.0/4-B	Victim
			CANNABIS - POSSESS 2.5-10 GRMS	State Of Illinois
			Class B - Type M	
	2	Offense As Cited	720 ILCS 5.0/31-1-A	Spreng, Brian
			RESIST/PC OFF/CORR EMP/FRFTR	
			Class A - Type M	

FELONY REVIEW	Felony Review : Denied	21 NOV 2011 01:05	Engbretson, Craig	State's Attorneys's Office	IR #

RECOVERED NARCOTICS	Type	Approx. Weight/Quantity	Units	Estimated Street Value	CB #
	Suspect Cannabis	3	GRAMS	\$20.00	

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: [REDACTED]	Beat: 2515	Male	Injured? No	Deceased? No
Res: [REDACTED]		White	Hospitalized? No	
		DOB:	Treated and Released? No	
		Age:		
		Comments:		

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS	Beat: 2515		Injured? No	Deceased? No
Empl: 5555 W Grand Ave		DOB:	Hospitalized? No	
Chicago, IL 60639		Age:	Treated and Released? No	
312-746-8605		Comments:		

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

event# 12752 above placed in custody after he pushed victim p.o. spreng #5688 in the chest during a domestic disturbance. offender after pushing victim, then advanced on victim in a threatening manner with fists clenched. p.o. spreng #5688 then used closed hand strike on offender. offender continued to resist by pulling away and not following verbal commands. offender was then tased and taken into custody. offender refused medical attention, transported to 025 for processing. during a custodial search in 025, p.o. spreng #5688 recovered one clear knotted plastic bag containing a crushed green plant suspect cannabis from offenders left front pants pocket. offender has id and \$52.00 usc.

ARREST REPORTING

COURT INFO	BOND INFO
Desired Court Date: 28 November 2011	Bond Date: 21 November 2011 3 6
Branch: 50-4 5555 W GRAND - Room	Type: Recognizance
Court Sgt Handle? No	Receipt #: I7659454
Initial Court Date: 28 November 2011	Amount: \$1,200 00
Branch: 50-4 5555 W GRAND - Room	
Docket #:	

REPORTING PERSONNEL								
ATTESTING OFFICER:								
I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.								
Attesting Officer: #5688 SPRENG, B J [REDACTED] 20 NOV 2011 22 53								
ARRESTING OFFICER(S):								
<table border="0"><tr><td>1st Arresting Officer:</td><td>#5688</td><td>SPRENG, B J [REDACTED]</td><td>Beat</td></tr><tr><td>2nd Arresting Officer:</td><td>#16233</td><td>TULL, D L [REDACTED]</td><td>2534</td></tr></table>	1st Arresting Officer:	#5688	SPRENG, B J [REDACTED]	Beat	2nd Arresting Officer:	#16233	TULL, D L [REDACTED]	2534
1st Arresting Officer:	#5688	SPRENG, B J [REDACTED]	Beat					
2nd Arresting Officer:	#16233	TULL, D L [REDACTED]	2534					
APPROVING SUPERVISOR:								
Approval of Probable Cause : #577 PLATT, M E [REDACTED] 20 NOV 2011 23 01								

ARREST PROCESSING REPORT

Holding Facility: District 025 Male Lockup
Received in Lockup: 20 November 2011 23 05
Prints Taken: 20 November 2011 23 10
Palprints Taken: Yes
Photograph Taken: 20 November 2011 23 11
Released from Lockup: 21 November 2011 03 13

Time Last Fed:
Time Called: Phone#: 773
Cell #: 7-6
Transport Details : 2PO 2573 20-NOV-2011 18 26

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

States Was Drinking

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

				Beat
Searched By:		WILLABY, H D ([REDACTED]	
Lockup Keeper:	#5516	ROSALES, A B	[REDACTED]	
Fingerprinted By:	#5516	ROSALES, A B	[REDACTED]	
Detective :	#20068	Leal, Emiliano L	21 NOV 2011 01 57	5532

APPROVAL PERSONNEL:

				Beat
Final Approval of Charges :	#577	PLATT, M E([REDACTED]	21 NOV 2011 01 58

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

ARREST REPORTING

OFFENDER	Name		Beat: 2534	Male	
	Res			Black	
	DOB			5' 07"	
	AGE: 20 years			170 lbs	
	POB: Illinois			Brown Eyes	
	ARMED WITH Unarmed			Black Hair	
				Short Hair Style	
				Medium Complexion	
				Marks:	
INCIDENT	Arrest Date: 20 November 2011 17:56	TRR Completed? No	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location:	Beat: 2533	Dependent Children? No	DCFS Ward ? No	
	Holding Facility: District 025 Male Lockup				
	Resisted Arrest? Yes				
CHARGES	1	Offense As Cited	720 ILCS 5.0/12-2-A-16	Victim	
			AGG ASLT/POLICE/SHERIFF EMP	P.O. Pekic	
	2	Offense As Cited	720 ILCS 5.0/12-2-A-16		
			AGG ASLT/POLICE/SHERIFF EMP	P.O. Blomstrand	
			Class A - Type M		
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED				
WARRANT	NO WARRANT IDENTIFIED				

ARREST REPORTING

NON-OFFENDER(S)	
VICTIM AND COMPLAINANT	
Name: P.O. PEKIC Empl: 5555 W Grand Ave Chicago, IL 60639 312-746-8605	Beat: 2515
Male	Injured? No Deceased? No
DOB:	Hospitalized? No
Age:	Treated and Released? No
Comments:	
VICTIM AND COMPLAINANT	
Name: P.O. BLOMSTRAND Empl: 5555 W Grand Ave Chicago, IL 60639 312-746-8605	Beat: 2515
Male	Injured? No Deceased? No
DOB:	Hospitalized? No
Age:	Treated and Released? No
Comments:	
ARRESTEE VEHICLE	
NO ARRESTEE VEHICLE INFORMATION ENTERED	
PROPERTIES	
Confiscated Properties : All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.	
PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.	
INCIDENT NARRATIVE	
(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following) EVENT [REDACTED] IN SUMMARY, THE ABOVE WAS ARRESTED ON SIGNED COMPLAINTS IN THAT AS A/O'S ARRIVED TO ASSIST ANOTHER UNIT, BEAT 2534 WAS IN THE PROCESS OF EFFECTING AN ARREST, THEY OBSERVED THE ABOVE OFFENDER SWINGING A COOKING POT AT A/O'S WHILE APPROACHING OFFICERS SCREAMING "THATS MY CUZ...THATS MY CUZ!" THE ABOVE IGNORED ALL OF A/O'S COMMANDS TO DROP SAID COOKING POT AND TO STEP AWAY FROM THE OFFICERS. A/O'S PEKIC#4596 AND BLOMSTRAND #15159 BACKED OFFENDER INTO THE KITCHEN CORNER WHILE HE CONTINUED TO IGNORE VERBAL DIRECTION. A/O PEKIC PERFORMED AN EMERGENCY TAKEDOWN ON OFFENDER AS HE CONTINUED TO SWING COOKING POT AT A/O'S. OFFENDER CONTINUED TO RESIST ARREST BY SWINGING ARMS AND KICKING LEGS, AT WHICH TIME A/O BLOMSTRAND DISCHARGED TASER INTO OFFENDERS BACK, WHICH ALLOWED A/O PEKIC TO HANDCUFF OFFENDER AND PLACE HIM INTO CUSTODY. OFFENDER MIRANDIZED AND TRANSPORTED TO 025 FOR PROCESSING. CLEAR G.I.P.P. NO USC.	
COURT INFO	BOND INFO
Desired Court Date:	Bond Date: 21 November 2011 9 6
Branch:	Type: Recognizance
Court Sgt Handle? No	Receipt #: I7659461
Initial Court Date: 21 December 2011	Amount: \$1,500 00
Branch: 23-4 5555 W GRAND - Room	
Docket #:	

ARREST REPORTING

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #8580 PUTNEY, J A [REDACTED] 20 NOV 2011 23 36

ARRESTING OFFICER(S):

1st Arresting Officer: #15159 BLOMSTRAND, H A [REDACTED] **Beat** 2535

2nd Arresting Officer: #4596 PEKIC, J [REDACTED] 2535

APPROVING SUPERVISOR:

Approval of Probable Cause : #577 PLATT, M E [REDACTED] 20 NOV 2011 23 43

ARREST PROCESSING REPORT

Holding Facility: District 025 Male Lockup
Received in Lockup: 20 November 2011 23 47
Prints Taken: 20 November 2011 23 52
Palprints Taken: Yes
Photograph Taken: 20 November 2011 23 53
Released from Lockup: 21 November 2011 09 35

Time Last Fed:
Time Called: Phone#: 773
Cell #: 6-4
Transport Details : 1PO 2521 20-NOV-2011 21 30

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

Presently taking medication? Yes
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Asthmatic

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		WILLABY, H D ([REDACTED])	
Lockup Keeper:	#5516	ROSALES, A B ([REDACTED])	
Detective Notified:	#20068	LEAL, E L ([REDACTED])	5532
Fingerprinted By:	#5516	ROSALES, A B ([REDACTED])	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#596	SCHWIEGER, S M ([REDACTED])	21 NOV 2011 05 17

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 20-NOV-2011		TIME 17:54:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 2533															
	5 POSITION 9161		6 LAST NAME BLOMSTRAND		7 FIRST NAME HARRY A		8 STAR NO 15159		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 603		13 WT 220									
	14 DATE OF APPT 31-JUL-2006		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 025 2535		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No															
SUBJECT INFORMATION	20 LAST NAME [REDACTED]				21 FIRST NAME [REDACTED]				22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 508		27 WT 180							
	28 ADDRESS [REDACTED]				29 TELEPHONE NO [REDACTED]				30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? WEST SUBURBAN				34 BY WHOM? [REDACTED]				35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																	
36 CHARGES PLACED 720 ILCS 5.0/12-3.05-D4																		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>				
REASON FOR USE OF FORCE (Check all that apply)	38 DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE													
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>													
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		WEAPON <input type="checkbox"/>													
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>															
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____															
			ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																	
39 DNA <input type="checkbox"/>																		40 ADDITIONAL INFORMATION								
41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR				
45 MAKE/MANUFACTURER																		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE				
49 TASER DART ID NO C3100VP6Y																		50 WEAPON SERIAL No (Include Letters) X00-570694		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO		
54 SPECIAL WEAPON CERTIFICATE NO																		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED		
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER																		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)		70 EVENT NO [REDACTED]		
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT								
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																		71 R D NO [REDACTED]							
	73 REPORTING MEMBER (Print Name) BLOMSTRAND, HARRY A																		STAR/EMPLOYEE NO 15159		SIGNATURE [REDACTED]					
	74 REVIEWING SUPERVISOR (Print Name) HALPERN, CHARLES R																		STAR NO 2460		SIGNATURE [REDACTED]		DATE REVIEWED 20-NOV-2011 20:06:52		TIME	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender at hospital ER at time of this report

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The offender came at PO Motyka with a pot in his hand thereby making him an assailant The officer's response was within the Use of Force Model and all other Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RUBIN, HARVEY R

SIGNATURE



DATE COMPLETED

TIME

20-NOV-2011 20:14:46

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

4

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 20-NOV-2011		TIME 17:55:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 2533							
	5 POSITION 9161		6 LAST NAME MOTYKA		7 FIRST NAME JASON S		8 STAR NO 4427		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 602		13 WT 215	
	14 DATE OF APPT 26-MAR-2001		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 025 2566C		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	20 LAST NAME [REDACTED]				21 FIRST NAME [REDACTED]				22 M I <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 507		27 WT 170	
SUBJECT INFORMATION	28 ADDRESS [REDACTED]				29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? WEST SUBURBAN				34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36 CHARGES PLACED 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16										37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>			
REASON FOR USE OF FORCE (Check all that apply)	38 DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>							
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>							
			OTHER _____		OTHER _____				OTHER _____		OTHER _____							
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____							
			ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
			WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>													
CASE INFO.	39 DNA <input checked="" type="checkbox"/>		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40 ADDITIONAL INFORMATION MEMBER STRUCK OFFENDER WITH BATON.											
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]													
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR									
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]											
SIGNATURES	49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]									
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]									
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO [REDACTED]							
	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		71 R D NO [REDACTED]							
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		OP COMMAND <input type="checkbox"/> DET DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report											
	73 REPORTING MEMBER (Print Name) MOTYKA, JASON S		STAR/EMPLOYEE NO 4427		SIGNATURE [REDACTED]													
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																	
	74 REVIEWING SUPERVISOR (Print Name) RUBIO, ROBERT A		STAR NO 876		SIGNATURE [REDACTED]		DATE REVIEWED 20-NOV-2011 19:51:57		TIME 20-NOV-2011 19:51:57									

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

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75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender at hospital ER at time of this report

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The offender came at the officer with a pot in his hand thereby making him an assailant The officer's response was within the Use of Force Model and all other Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RUBIN, HARVEY R

SIGNATURE

DATE COMPLETED

TIME

20-NOV-2011 20:02:35

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

4

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 20-NOV-2011	TIME 17:52:00	2 ADDRESS OF OCCURRENCE [REDACTED]		3 LOCATION CODE 290	4 BEAT/OCCUR 2533							
	5 POSITION 9161	6 LAST NAME [REDACTED]	7 FIRST NAME [REDACTED]	8 STAR NO 4596	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE 20-MAR-1981	12 HT 603	13 WT 221				
	14 DATE OF APPT 27-SEP-2004	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 025 2535		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	23 SEX BLK	24 RACE [REDACTED]	25 D O B [REDACTED]	26 HT 503	27 WT 145			
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?			34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
36 CHARGES PLACED 720 ILCS 5.0/12-3.05-D4											<input type="checkbox"/> DNA	37 CB NO [REDACTED]	IR NO <input type="checkbox"/> DNA
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <u>KITCHEN CHAIR</u>				
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____				
	39 <input checked="" type="checkbox"/> DNA												
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40 ADDITIONAL INFORMATION THE OFFENDER STRUCK OFFICER PEKIC IN THE HEAD WITH A CHAIR WHILE TRYING TO DEFEAT THE ARREST OF ANOTHER SUBJECT. OFFENDER FLED AND WAS APPREHENDED OUTSIDE MOMENTS LATER WITHOUT INCIDENT.								
	POSITION		STAR NO		UNIT								
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR				
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE						
	49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO				
54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER		58 TOTAL NO OF SHOTS MEMBER FIRED					
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT							
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report												
	73 REPORTING MEMBER (Print Name) PEKIC, JOSEPH 20-NOV-2011 20:25:43												
SIGNATURES	STAR/EMPLOYEE NO 4596				SIGNATURE [REDACTED]								
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below												
74 REVIEWING SUPERVISOR (Print Name) JEROME, DON J				STAR NO 2157		SIGNATURE [REDACTED]		DATE REVIEWED 20-NOV-2011 20:30:00		TIME 20:30:00			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender stated that she did not hit any officer but might have been throwing some chairs around She further stated that she was just trying to calm everyone down

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer was struck from behind with a chair by the offender while he was placing her son in custody The offender was then placed under arrest by other officers The officer's actions were all in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RUBIN, HARVEY R

SIGNATURE

DATE COMPLETED

TIME

20-NOV-2011 20:59:50

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

4

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 20-NOV-2011		TIME 17:54:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 2533												
	5 POSITION 9161		6 LAST NAME PEKIC		7 FIRST NAME JOSEPH		8 STAR NO 4596		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 3		13 WT 221						
	14 DATE OF APPT 27-SEP-2004		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 025 2535		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 507		27 WT 170								
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? WEST SUBURBAN				34 BY WHOM? [REDACTED]		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36 CHARGES PLACED 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16																		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>														
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>														
SUBJECT'S ACTIONS	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>														
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____														
MEMBERS RESPONSE	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																				
	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																				
WEAPON DISCHARGE INCIDENT	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																				
	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																				
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																				
WEAPON DISCHARGE INCIDENT	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40 ADDITIONAL INFORMATION [REDACTED]																				
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]																		
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR																
WEAPON DISCHARGE INCIDENT	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]																
	49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]																
	53 HANDGUN CERTIFICATE NO [REDACTED]		54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]												
WEAPON DISCHARGE INCIDENT	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]																
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																				
CASE INFO.	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]																				
	NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV																				
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																						
SIGNATURES	73 REPORTING MEMBER (Print Name) PEKIC, JOSEPH		STAR/EMPLOYEE NO 4596		SIGNATURE [REDACTED]																		
	20-NOV-2011 20:56:04																						
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																						
SIGNATURES	74 REVIEWING SUPERVISOR (Print Name) HALPERN, CHARLES R		STAR NO 2460		SIGNATURE [REDACTED]		DATE REVIEWED 20-NOV-2011 20:57:33		TIME 20:57:33														

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The offender is being treated at Hospital ER at time of this report

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The offender was an assailant in that he attempted to strike another police officer with a pot PO Pekic than took the offender to the ground All of the officers actions are within Dept guidelines

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RUBIN, HARVEY R

SIGNATURE

DATE COMPLETED

TIME

20-NOV-2011 21:04:31

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 20-NOV-2011	TIME 17:54:00	2 ADDRESS OF OCCURRENCE [REDACTED]			3 LOCATION CODE 290	4 BEAT/OCCUR 2533			
	5 POSITION 9161	6 LAST NAME [REDACTED]	7 FIRST NAME [REDACTED]	8 STAR NO 5688	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 601	13 WT 215	
	14 DATE OF APPT 28-APR-2003	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 025 2534		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I L	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 508	27 WT 150
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?			34 BY WHOM?		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid				
36 CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/4-B, 720 ILCS 5.0/12-3.05-D-4										
REASON FOR USE OF FORCE (Check all that apply)	38 DNA <input type="checkbox"/>					37 CB NO [REDACTED] IR NO <input type="checkbox"/> DNA <input type="checkbox"/>				
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE							
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE	
WEAPON DISCHARGE INCIDENT	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>	
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
70 EVENT NO	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
71 R D NO	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>							
	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>							
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>							
72	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>							
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
	OTHER _____		OTHER _____							
CASE INFO.	39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40 ADDITIONAL INFORMATION					
	POSITION		STAR NO		UNIT					
SIGNATURES	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input checked="" type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR	
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE			
	49 TASER DART ID NO C3100VV		50 WEAPON SERIAL No (Include Letters) X00-557854		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO	
73 REPORTING MEMBER (Print Name)	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED	
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
74 REVIEWING SUPERVISOR (Print Name)	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT					
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
	73 REPORTING MEMBER (Print Name) SPRENG, BRIAN J				STAR/EMPLOYEE NO 5688		SIGNATURE [REDACTED]			
74 REVIEWING SUPERVISOR (Print Name)	20-NOV-2011 19:46:01									
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below									
	74 REVIEWING SUPERVISOR (Print Name) HALPERN, CHARLES R				STAR NO 2460		SIGNATURE [REDACTED]		DATE REVIEWED TIME 20-NOV-2011 19:47:17	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender stated that he was sorry that he pushed the officer and that he shouldn't have done it Offender stated that he was just mad

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The offender pushed the officer and came at the officer again The offender is classified as an assailant according to the Use of Force Model The officer's actions were all proper and in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RUBIN, HARVEY R

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

20-NOV-2011 19:57:04

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No


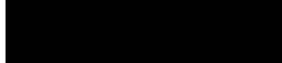
4

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT


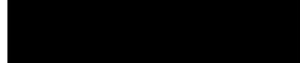
3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C


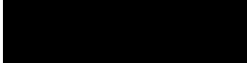
RD #: 
Case ID: 
EVENT #: 

INCIDENT	ASSIGNED TO FIELD		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence Location:  290 - Residence	Beat: 2533	Unit Assigned: 2534 RO Arrival Date: 20 November 2011 17:51
	Occurrence Date: 20 November 2011 17:54		# Offenders: 3


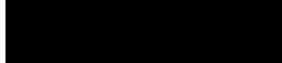
NON-OFFENDER(S)	VICTIM - Individual		
	Name: 	Beat: 2515	Demographics Male White 6'01, 240 lbs Age: 37 Years Birth Place: Illinois
	Res: 		
	Police Officer - Chicago Sobriety: Sober CPD Officer: No		

Other Communications and Availability		
Business Phone : 312-746-8605		

NON-OFFENDER(S)	VICTIM - Individual		
	Name: 	Beat: 2515	Demographics Male White 6'03, 240 lbs Age: 38 Years Birth Place: Illinois
	Res: 	Beat: 2515	
	Police Officer - Chicago Sobriety: Sober CPD Officer: No		

NON-OFFENDER(S)	VICTIM - Individual		
	Name: 	Beat: 2515	Demographics Male White 6'03, 250 lbs Age: 30 Years
	Res: 	Beat: 2515	
	Police Officer - Chicago Sobriety: Sober CPD Officer: No		

Other Communications and Availability		
Cellular Phone : 312-746-8605		

NON-OFFENDER(S)	WITNESS - Individual		
	Name: 	Beat: 2515	Demographics Male White 6'02, 200 lbs Age: 32 Years
	Res: 		

RD #: 

NON-OFFENDER(S)	CPD Officer: No				
	Other Communications and Availability				
	Business Phone : 312-746-8605				
	WITNESS - Individual				
	<table border="1"><tr><td>Name: [REDACTED]</td><td>Demographics</td></tr><tr><td>Res: [REDACTED] Police Officer - Chicago</td><td>Beat: 2515 Male White 6'02, 220 lbs Age: 34 Years Birth Place: Illinois</td></tr></table>		Name: [REDACTED]	Demographics	Res: [REDACTED] Police Officer - Chicago
Name: [REDACTED]	Demographics				
Res: [REDACTED] Police Officer - Chicago	Beat: 2515 Male White 6'02, 220 lbs Age: 34 Years Birth Place: Illinois				
CPD Officer: No					
Other Communications and Availability					
Business Phone : 312-746-8605					

INJURY(S)	Injury Info (PEKIC, Joseph - Victim)						
	Injured BY offender Extent: Minor						
	Hospital: West Suburban						
	Other First Aid: WEST SUBURBAN						
	Physician Name: PULVER						
<table border="1"><tr><td>Type</td><td>Weapon Used</td><td>Other Weapon Used</td></tr><tr><td>Other</td><td>Other</td><td>Other - Chair</td></tr></table>		Type	Weapon Used	Other Weapon Used	Other	Other	Other - Chair
Type	Weapon Used	Other Weapon Used					
Other	Other	Other - Chair					

SUSPECT(S)	Suspect # 1		In Custody	
	Name: [REDACTED]		Demographics	
	Res: [REDACTED] None		Beat: 2533 Male Black 5'08, 150 lbs , Brown Eyes Black Hair Short Hair Style Medium Brown Complexion	
	DOB: [REDACTED]		Age: 25 years	
	Birth Place: Illinois			
	Suspect # 2		In Custody	
	Name: [REDACTED]		Demographics	
	Res: [REDACTED] None		Beat: 2534 Male Black 5'08, 160 lbs , Brown Eyes Black Hair Short Hair Style Medium Brown Complexion	
	DOB: [REDACTED]		Age: 20 years	
	Birth Place: Illinois			
Injury Info				
Treatment: Ddd				
Physician Name: Dd				

SUSPECT(S)	Suspect # 3		In Custody	
	Name: [REDACTED] Res: [REDACTED] Beat: 2533 None		Demographics Female Black 5'03, 145 lbs , Brown Eyes Grey/Part Grey Hair Short Hair Style Medium Complexion DOB: [REDACTED] Age: 53 years Birth Place: Illinois	

RELATIONSHIP	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Star #	Empl #	Name
	Notification	650	Detective Section - Area 5	20 November 19:40	20068	[REDACTED]	LEAL,Emiliano
	Other Notifications May Be In Narrative.						
	On Scene	377	Forensic Services Unit - Et North	20 November 21:00			

NARRATIVES

PERSONNEL	Reporting Officer	16233	[REDACTED]	TULL, David, L	[REDACTED]	20 Nov 2011 22:20	025	2534
	Detective/Investigator	20068	[REDACTED]	LEAL, Emiliano, L	[REDACTED]	21 Nov 2011 09:00	650	

IUCR ASSOCS.	Victim	IUCR	Crime	Offender
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
	[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]



ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

CB #:
IR #:
YD #:
RD #:
EVENT #:

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Female	[REDACTED]		
	Res: [REDACTED] Beat: 2533	Black			
	DOB: [REDACTED]	5' 03"			
	AGE: 53 years	145 lbs			
	POB: Illinois	Brown Eyes			
	ARMED WITH Unarmed	Grey/Part Grey Hair			
		Short Hair Style			
		Light Complexion			
		Marks: [REDACTED]			
INCIDENT	Arrest Date: 20 November 2011 17:58	TRR Completed? No	Total No Arrested: 3	Co-Arrests	Assoc Cases
	Location: [REDACTED] Beat: 2533			18284108	
	290 - Residence		Dependent Children? No	18284121	
	Holding Facility: District 025 Female Lockup			DCFS Ward ? No	
	Resisted Arrest? No				
CHARGES	1	Offense As Cited 720 ILCS 5.0/12-3.05-D-4		Victim	
		AGG BATTERY/PEACE OFFICER		A/O Pekic	
		Class 2 - Type F			
FELONY REVIEW	Felony Review : Approved	21 NOV 2011 01:05	Engbretson, Craig	State's Attorneys's Office	IR # [REDACTED]
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED				CB #: [REDACTED]

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: A/O PEKIC

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

WITNESS

Name: P.O. BLOMSTRAND

Empl: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

Male

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

Event# [REDACTED] IN SUMMARY, THE ABOVE WAS ARRESTED ON SIGNED COMPLAINTS IN THAT THE ABOVE OFFENDER PICKED UP A CHAIR AND STRUCK A/O PEKIC IN THE BACK OF THE HEAD AS HE WAS ATTEMPTING TO EFFECT ARREST ON HER SON MAURICE CARR. OFFENDER FLED RESIDENCE BUT WAS PLACED INTO CUSTODY A SHORT TIME LATER OUTSIDE OF ABOVE RESIDENCE. OFFENDER WAS MIRANDIZED AND TRANSPORTED TO 025 FOR PROCESSING. CLEAR G.I.P.P. NO USC.

ARREST REPORTING

COURT INFO	BOND INFO
Desired Court Date: 28 November 2011 Branch: 50-4 5555 W GRAND - Room Court Sgt Handle? No Initial Court Date: 22 November 2011 Branch: CBC-1 2600 S CALIFORNIA - Room Docket #:	BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL						
ATTESTING OFFICER: I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.						
Attesting Officer: #8580 PUTNEY, J A ([REDACTED]) 20 NOV 2011 23 36						
ARRESTING OFFICER(S):						
<table><tr><td>1st Arresting Officer:</td><td>#4596 PEKIC, J ([REDACTED])</td><td>Beat</td></tr><tr><td>2nd Arresting Officer:</td><td>#15159 BLOMSTRAND, H A ([REDACTED])</td><td>2535</td></tr></table>	1st Arresting Officer:	#4596 PEKIC, J ([REDACTED])	Beat	2nd Arresting Officer:	#15159 BLOMSTRAND, H A ([REDACTED])	2535
1st Arresting Officer:	#4596 PEKIC, J ([REDACTED])	Beat				
2nd Arresting Officer:	#15159 BLOMSTRAND, H A ([REDACTED])	2535				
APPROVING SUPERVISOR:						
Approval of Probable Cause : #577 PLATT, M E ([REDACTED]) 20 NOV 2011 23 42						

ARREST PROCESSING REPORT

Holding Facility: District 025 Female Lockup
Received in Lockup: 20 November 2011 23 51
Prints Taken: 20 November 2011 23 56
Palprints Taken: Yes
Photograph Taken: 20 November 2011 23 56
Released from Lockup: 22 November 2011 08 13

Time Last Fed:

Time Called:

Phone#:

Cell #: CB-1

Transport Details : 2PO 2573 20-NOV-2011 18 10

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

Presently taking medication? No
(if female)are you pregnant? No
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? Yes
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

States She Is Diagnosed With Schizophrenia But Is Currently Not Taking Medication

LOCKUP KEEPER COMMENTS:

21 NOV 2011 00:09 HAWKINS, Denise L [REDACTED] Placed In Cell

EMERGENCY CONTACT

Name :

Res:

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#18782 Loquercio, Jeffrey P ([REDACTED])	21 NOV 2011 00 52 District 025 Female Lockup	
	RECEIVED BY	#20068 Leal, Emiliano L ([REDACTED])	21 NOV 2011 00 52 Area 5	Interview
	RECEIVED BY	#5516 Rosales, Anthony B ([REDACTED])	21 NOV 2011 01 11 District 025 Male Lockup	Return From Area 5
	RECEIVED BY	#18782 Loquercio, Jeffrey P ([REDACTED])	21 NOV 2011 02 11 District 025 Female Lockup	Return

Watch Commander Comments:

DOES NOT APPLY TO THIS ARREST

REL w/o CHARGING

ARRESTEE PROCESSING PERSONNEL:

	Beat
Searched By:	HAWKINS, D L ([REDACTED])
Lockup Keeper:	# [REDACTED] BROTONEL, A L ([REDACTED])
Assisting Arresting Officer:	# [REDACTED] TULL, D L ([REDACTED]) 2534
Assisting Arresting Officer:	# [REDACTED] SIMIONI, J A ([REDACTED]) 2523
Assisting Arresting Officer:	# [REDACTED] SPRENG, B J ([REDACTED]) 2534
Assisting Arresting Officer:	# [REDACTED] PUTNEY, J A ([REDACTED]) 2523
Fingerprinted By:	HAWKINS, D L ([REDACTED])
Detective :	# [REDACTED] Leal, Emiliano L ([REDACTED]) 21 NOV 2011 01 56 5532

APPROVAL PERSONNEL:

	Beat
Final Approval of Charges :	# [REDACTED] SCHWIEGER, S M ([REDACTED]) 21 NOV 2011 09 59